

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Sequence Submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	Anti-fibril Peptides
Attorney Docket Number::	0212.1 Hammer
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	9
Small Entity?::	Yes
Licensed US Govt. Agency::	Nat'l Institutes of Health
Contract or Grant Numbers::	1R01 AG17983-01

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Middle Name::	P.
Family Name::	Hammer
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State or Province of Residence::	Louisiana
Country of Residence::	US
Street of mailing address::	4967 Tulane Drive
City of mailing address::	Baton Rouge
State or Province of mailing address::	Louisiana

Country of mailing address:: US
Postal or Zip Code of mailing address:: 70808

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CN
Status:: Full Capacity
Given Name:: Yanwen
Family Name:: Fu
City of Residence:: San Diego
State or Province of Residence:: California
Country of Residence:: US
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City of mailing address:: San Diego
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92121

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jed P.
Family Name:: Aucoin
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State or Province of Residence:: Louisiana
Country of Residence:: US
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State or Province of mailing address:: Louisiana
Country of mailing address:: US

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Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Tod
Middle Name:: J.
Family Name:: Miller
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Country of Residence:: US
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State or Province of mailing address:: TN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 27167

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: L.
Family Name:: McLaughlin
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State or Province of mailing address:: FL

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Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robin L.
Family Name:: McCarley
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State or Province of Residence:: Louisiana
Country of Residence:: US
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Correspondence Information

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Representative Information

Representative Customer Number::	25547
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Domestic Priority

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Non-provisional of	60/412,081	09/19/02